

## REQUEST FOR 30 DAY EXTENSION TO STORE HAZARDOUS WASTE WITHOUT A PERMIT

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(Please allow ten (10) working days for processing)

1. Solid Waste Registration No.

2. Texas Waste Code No.

3. EPA Hazardous Waste No.

| ICLX   | 4. Intended waste simplifient date  |                      |            |              |         |          |             |
|--|---|----------------------|------------|--------------|---------|----------|-------------|
|  | 5. Expiration date of storage   |                      |            |              |         |          |             |
| INFORMATION NEEDED                                       |   | REQUESTOR'S RESPONSE |            |              |         |          |             |
| 6. Facility name   |   |                      |            |              |         |          |             |
| 7. Facility contact person (name, phone and fax numbers) |   | Phone: Fax:          |            |              |         |          |             |
| 8. Waste description (amount and type)                   |   |                      |            |              |         |          |             |
| 9. Location of storage facility for waste                |   |                      |            |              |         |          |             |
| 10. Description of storage conditions for the waste      |   |                      |            |              |         |          |             |
| 11. Detailed reason for 30-day extension request*        |   |                      |            |              |         |          |             |
| 12. TCEQ Regional personn                                |   |                      |            |              |         |          |             |
| 13. Arrangement for waste Transporter's name)            |   |                      |            |              |         |          |             |
| 14. Preventive measures for                              |   |                      |            |              |         |          |             |
| *If additional space is needed fo                        | or response, please attach a separate sh                                  | veet.                |            |              |         |          |             |
|  | GENERATOR/  | REPRESENTAT          | IVE        |              |         |          |             |
|  |   |                      |            |              |         |          |             |
| Printed Name:<br>Signature:                              | <br>Title:  | Ī                    |            |              |         |          |             |
| Company:   |   |                      |            |              |         |          |             |
| Phone:   | Fax:  |                      |            |              |         |          |             |
| Mailing Address  | State:  |                      | Zip C      | :ode:        |         |          |             |
| <del>-</del>   | form to the I&H Waste Permits Section TCEQ, P.O. Box 13087, Austin, TX 78 |                      | 39-6383) O | )R mail to I | I&HW Pe | rmits Se | ection, MC- |
|  | TCEQ USE  | ONLY                 |            |              |         |          |             |
| Processed by: Title: I&HW Permits                        | □ Granted Reason(s) fo  | or denial            | □ Denie    | e <b>d</b>   |         |          |             |
| ☐ Copy to the TCEQ Region                                | Processed da Signature:   |                      |            |              |         |          |             |
|  |   | " 8                  |            |              |         |          |             |